UA Schedule B - Successorship Questionnaire

Successorship Reporting Requirement. If you acquired any part of the Michigan assets, organization, trade or

					_	•	•	•									_				_		-	y othe i file a s			f
										opies							•		qui	isitio	1115,	you	must.	inc a s	сраг	aic	
UA	Accou	nt Nu	mber	, if alr	eac	ly assi	gne	d		•	Fede	eral E	mplo	oyer I	dent	ificatio	n Nu	mber	(FE	IN, re	quire	ed)					
 1. <u>]</u>	Forme	er Ov	vner	Info	rn	ation	<u>.</u>						<u>.</u> 1														
A.	Form	Former Owner's Name																В.	Form	er O	wner's	UA No.	or FEIN,	if knov	vn.		
	Corpo	orate N	lame (or DB/	A														C.	Area	Code	& Tele	ephone	Number			
	Current Street Address (not a P.O. Box)																			•							
	City, State, ZIP																										
2.	Acqui	sitio	n Ini	orm	<u>ati</u>	<u>on.</u>																					
Α.	Did y				, pa	art or	non	e of t	he f	ormer			A	. 11		Part		/hat ercent	?		%	Da	te Acqu	ired			None
В.										ormer sonnel)			A	. 11		Part		□N	one								
C.		Did you acquire all, part or none of the former owner's Michigan <i>trade</i> (customers/accounts)?									\Box A	All		Part		□N	one										
D.										ormer rvices)			Д	. 11		Part		□No	one								
E.		Was the Michigan business being operated at the time of acquisition?								Y	'es		No	I	no, e		date day		ed by year		owner.						
F.		Are you conducting the Michigan business you acquired?								Yes No																	
G.	contr	olled	in a	ny w	ay	by the	e sa	tantia me in busir	itere	owned ests tha ?	l or it		Y	'es		No											
Н.	Did y Mich						nter	est in	any	of the	e		Y	es		No.	If ye	es, enter the balance owed \$									
I.										ichiga equired		\$															
Pri	nt Name	e of Ov	vner/C	fficer														Title									
Signature of Owner/Officer												Telephone No. Date															

Attach this schedule to your Form 518, *Registration for Michigan Taxes* and mail it to the Michigan Department of Treasury.